CALIFORNIA HAZARDOUS WASTE MANIFEST

1 Manifest 0 State Department of Health Services See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 GENERATOR (Generator Must Complete) Designated TSD Facility (Authorized to operate under an (4) Alternate TSD Facility approved state program or federal program) SFUND RECORDS CTR 999000316 2) Name TUM IN UM CO OF PM WARE CA OPERATINA EPA NO. Address 575/ ALCOR BUCPHONE No. SEE 44/ Address 900 POTE DO Address City, State, Zip VERNON 900C City, State, Zip hon TERV City, State, Zip U.S. DOT PROPER SHIPPING NAME UNITS **CONTAINERS NUMBER:** TYPE: DRUMS BAGS ☐ CARTONS WASTE ☐ PANK TRUCK ☐ DUMP TRUCK WASTE □ OTHER (8) GENERATING PROCESS _ FRAME CATOL 6 WASTE CATEGORY __ (7) EX. HAZ. WASTE PERMIT NO. ____ CONC. RANGE LIST COMPONENTS: UNITS UNITS □ % □ ppm. □ % □ ppm... Non Hazardous Material 100 % □ % □ ppm. (10) WASTE PROPERTIES: pH.____ [] Toxic Reactive ☐ Carcinogen/Mutagen ☐ Flammable ☐ Corrosive/Irritant Liquid ☐ Slurry ☐ Gas Sludge (12) SPECIAL HANDLING INSTRUCTIONS! ☐ Gloves □ Goggles Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) **ASBURY OIL CO.** (14) NAME CAD028277036 EPA NO. 13419 Halldale Avenue PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP_ nature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 18 QUANTITY (If Measured) HANDLING OR DISPOSAL METHOD: EPA NO. Surface Impoundment ☐ Land Treatment [] Injection Well PHONE NO. K001245 (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) ... ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE. SPECIFY THE DESIGNATED TSD FACILITY (22) NAME

Signature of Authorized Agent and Title

Date Accepted

EPA NO.